

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038619

Entity Name: JOHN W HARRELL INC.

FILED
Apr 24, 2005
Secretary of State

Current Principal Place of Business:

11150 MAHAN DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

11150 MAHAN DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3622864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, JOHN W
11150 MAHAN DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRELL, JOHN W
Address: 11150 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: V () Delete
Name: HARRELL, WINSTON
Address: 4914 CHURCH HILL PL.
City-St-Zip: LAND O LAKES, FL 34639

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/ST (X) Change () Addition
Name: HARRELL, JOHN W
Address: 11150 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Change () Addition
Name: HARRELL, WINSTON
Address: 4914 CHURCH HILL PL.
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Change (X) Addition
Name: ESTES, ANNA M
Address: 11150 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA M. ESTES

VP

04/24/2005

Electronic Signature of Signing Officer or Director

_____ Date